

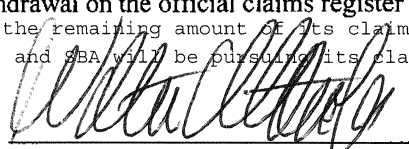
United States Bankruptcy Court for the Southern District of New York

**WITHDRAWAL OF CLAIM**

Debtor Name and Case Number:	Lehman Brothers Holdings, Inc., et al., Case No. 08-13555 (JMP)
Creditor Name and Address:	U.S. Small Business Administration 409 Third Street, S.W. Washington, D.C. 20416 Att'n: Office of General Counsel
Court Claim Number (if known):	30584
Date Claim Filed:	9/22/2009
Total Amount of Claim Filed:	\$4,980,931

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. I hereby withdraw the above-referenced claim and authorize the Clerk of this Court, or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above-referenced Debtor. SBA has determined that the remaining amount of its claim is solely against Aurora Bank, FSB, a non-debtor, and SBA will be pursuing its claim against that entity.

Dated: 10/11/2011

  
Print Name: Walter C. Intlekofer

Title (if applicable): Chief

**DEFINITIONS**

***Debtor***

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

***Creditor***

A creditor is any person, corporation, or other entity to which the debtor owed a debt.

***Proof of Claim***

A form filed with the clerk of the bankruptcy court where the bankruptcy case was filed, to tell the bankruptcy court how much the debtor owed a creditor (the amount of the creditor's claim).

**ITEMS TO BE COMPLETED ON THIS WITHDRAWAL OF CLAIM**

***Court, Name of Debtor and Case Number:***

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

***Information about Creditor:***

Complete the section giving the name and address of the creditor that was listed on the previously filed Proof of Claim form.

***Information identifying the Claim that is to be withdrawn:***

Complete the section giving the court claim number, date claim was filed and total amount of claim filed to help identify the claim that is to be withdrawn.

Sign and print the name and title, if any, of the creditor or other person authorized to file this withdrawal of claim (attach copy of power of attorney, if any).

**This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed or, if applicable, with their duly appointed Claims Agent as per any procedure approved by the court in the above-referenced bankruptcy proceeding.**



U.S. SMALL BUSINESS ADMINISTRATION  
WASHINGTON, DC 20416

October 11, 2011

VIA UPS NEXT DAY AIR

Epiq Bankruptcy Solutions, LLC  
Attn: Lehman Brothers Holdings Claims Processing  
757 Third Avenue, 3<sup>rd</sup> Floor  
New York, NY 10017

RE: Lehman Brothers Holdings, Inc., et al., Case No. 08-13555 (JMP)  
Claim Number 30584 – U.S. Small Business Administration

Dear Sir/Madam:

Enclosed please find a Withdrawal of Claim relating to the above-referenced proof of claim. Thank you for your assistance in this matter.

Very truly yours,

Christine Barilla Nell  
Attorney Advisor  
(202) 619-0396

Enclosure

UPS Next Day Air® UPS Worldwide Express®		Shipping Document	
<b>See instructions on back. Visit UPS.com® or call 1-800-PICK-UPS® (800-742-5877) for additional information and UPS tariff/terms and conditions.</b>			
<b>TRACKING NUMBER</b>	<b>1Z A4B 80F 22 1000 2J3B</b>		
<b>SHIPMENT FROM</b>			
<b>SHIPPER'S US ACCOUNT NO.</b>	<b>A4880F 202 001</b>		
<b>REFERENCE NUMBER</b>			
<b>NAME</b>	<b>TELEPHONE</b>		
Christine B. Nell	202-619-0396		
<b>COMPANY</b>	Small Business Administration		
<b>STREET ADDRESS</b>	409 Third Street SW		
<b>CITY AND STATE</b>	<b>ZIP CODE</b>		
Washington DC	20416		
<b>EXTREMELY URGENT DELIVERY TO</b>			
<b>NAME</b>	<b>TELEPHONE</b>		
Epic Bankruptcy Solutions LLC			
<b>COMPANY</b>	Attn: Lehman Brothers Holdings		
<b>STREET ADDRESS</b>	<b>DEPT./FLY</b>	<b>Residential Delivery</b>	
757 David Avenue, 3rd Floor		<input type="checkbox"/>	
<b>CITY AND STATE (INCLUDE COUNTRY IF INTERNATIONAL)</b>	<b>ZIP CODE</b>		
New York, NY	10017		
<b>1 SHIPPERS</b>	<b>TYPE OF SERVICE</b>	<b>LTR</b>	<b>PAK</b>
	<input checked="" type="checkbox"/> NEXT DAY AIR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> EXPRESS (INTL.)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>FOR INTERNATIONAL SHIPMENTS</b>	<b>CUSTOMS VALUE</b>	<b>DOCUMENTS ONLY</b>
\$	\$	\$	\$
	<b>SATURDAY PICKUP</b>	<b>SATURDAY DELIVERY</b>	<b>DECLARED VALUE FOR CARRIAGE</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	See instructions.	See instructions.	For declared value over \$100, see instructions.
	\$	\$	\$
	<b>C.O.D.</b>	<b>AMOUNT</b>	<b>AMOUNT</b>
	<input type="checkbox"/>	\$	\$
	If C.O.D., enter amount to be collected and attach completed UPS C.O.D. tag to package.		
<b>ADDITIONAL HANDLING CHARGE</b>	<input type="checkbox"/>	<b>FILED / RECEIVED</b>	<b>OCT 12 2014</b>
An Additional Handling Charge applies for certain items. See instructions.			
<b>TOTAL CHARGES</b>			
<b>METHOD OF PAYMENT</b>	<b>BILL SHIPPERS ACCOUNT</b>	<b>BILL RECEIVER PARTY CARD</b>	<b>CREDIT CARD</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION 9 RECORD ACCOUNT NO. IN SECTION 9</b>			
<b>RECEIVERS/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.</b>	<b>EXPIRATION DATE</b>		
	/		
<b>THIRD PARTY'S COMPANY NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY AND STATE</b>	<b>ZIP CODE</b>		
<b>SHIPPERS SIGNATURE X</b>			
All shipments are subject to the terms contained in the UPS Tariff/Terms and Conditions of Service, which are available at ups.com and local UPS offices.	<b>DATE OF SHIPMENT</b>		
0101911202609 1170 S	UPS COPY		

I agree that the value of the goods being shipped is less than \$500. If the value is greater than \$500, I will declare it on the shipping label. The maximum liability per package assumed by UPS shall not exceed \$500, regardless of the value of the goods. For complete details on the limitations on UPS liability, please refer to the UPS Terms and Conditions of Service, which are available at ups.com.

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